BEST AVAILĀBĻE COPY

Application or Docket Number

Effective October 1, 2000									09/869816				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA	LLI	ENTITY	· · · · · · · · · · · · · · · · · · ·	OTHE	R THAN	
	OTAL CLAIM	IS	(Colur	nn 1)	<u>(Co</u> I	lumn 2)	TYP			OF		L ENTITY	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ATE	FEE		RATE		
-	OTAL CHARGI	100	00				C FE	<u> </u>	OF	BASIC FE	E 86C		
-	DEPENDENT	100	minus 20=		. 66		9=	,	OF	X\$18=	1188		
II		minus 3 =		13_		X4	0=		OR	X80=	1040		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	35=		OR	+270=		
•	f the differenc	e in column 1 is	s less than :	ess than zero, enter "0" in column 2			TO.	ΓAL	 	OR	<u> </u>	3088	
CLAIMS AS AMENDED - PART II									<u> </u>	_] 0,,		<u>しいるみ</u> R THAN	
		(Column 1) CLAIMS	A. 10178. 4	(Colum		(Column 3)	SM	ALL	ENTITY	OR		ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA [*]	ΓΕ ——	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENG S	Total	•	Minus	••		=	X\$:	9=		OR	X\$18=		
AM	Independent	ENTATION OF M	Minus	DENDENT	01.444.4		X40	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135				+270=		
									- 2 - 2 - 2	OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT.	-EE [OR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING	24-18-18	HIGHE NUMBI	ST	PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIOL PAID FO		EXTRA	RAT	Ε	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	NITATION OF ME	Minus			=	X40	_		OR	X80=		
	TWOTTHESE	NTATION OF MU	LUPLE DE	PENDENT	CLAIM		.125	\dashv					
							+135 TO	L		OR	+270=		
		(Column 1)		(0-1	۵۱	(0.1 5)	ADDIT. F			OR A	DDIT. FEE		
ر	Ng.	CLAIMS	1. 10 See A 1. 1	(Column HIGHES	ST [(Column 3)				·			
	r (Agrical)	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9			OR	X\$18=		
	Independent	·	Minus	***	1	=	X40=			-	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	∧00= 		
. If I	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								(OR	+270≃		
!	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
''	ie nignest Numb	per Previously Paid	For" (Total or	Independent) is the h	nighest number fo	ound in the	appro	priate box i	in colur	nn 1.	1	

FORM PTO-875 (Rev. 8/00)